


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P96000012855 1. Entity Name CHELTEC, INC.	
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Principal Place of Business 2215 INDUSTRIAL BLVD. SARASOTA FL 34234 US	Mailing Address 2215 INDUSTRIAL BLVD SARASOTA FL 34234
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0642687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DELANCY, DENISE A 2215 INDUSTRIAL BLVD. SARASOTA FL 34234	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete DELANCY, DENISE A 2215 INDUSTRIAL BLVD. SARASOTA FL 34234	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit U00000690371 04/11/07-80071-024 150.00
NAME	FIELD, SYLVIA <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS	2125 MAGNOLIA STREET	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addit
CITY- ST- ZIP	SARASOTA FL 34239	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	O'NEILL, TIMOTHY F	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS	4502 HIDDEN FOREST LANE	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addit
CITY- ST- ZIP	SARASOTA FL 34235	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	MORTON, E.W. JR	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS	2215 INDUSTRIAL BLVD	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addit
CITY- ST- ZIP	SARASOTA FL 34234	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addit
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sylvia Field SYLVIA FIELD 941-355-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #